In re Jill I	Louise Weaver	
Case Number	Debtor(s) :: 11-23735	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

Software Copyright (c) 1996-2011 CCH INCORPORATED - www.bestcase.com

		Part II. CALCULATION OF M	ON	THLY INCO	M	E FOR § 707(b)	(7) E	XCLUSION		
		tal/filing status. Check the box that applies at Unmarried. Complete only Column A ("De					atemen	t as directed.		
2	r F					and I a	re living apart o	thei	than for the	
	c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2 ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.							_		
		Married, filing jointly. Complete both Colu gures must reflect average monthly income reasons.							ior	
	calend the fil	dar months prior to filing the bankruptcy case ing. If the amount of monthly income varied onth total by six, and enter the result on the a	, en dur	ding on the last day ing the six months,	y o	of the month before		Column A Debtor's Income		Column B Spouse's Income
3	Gross	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	1,741.70	\$	
4	enter busine not en	the from the operation of a business, profess the difference in the appropriate column(s) of ess, profession or farm, enter aggregate numb tter a number less than zero. Do not include to as a deduction in Part V.	Lin	ne 4. If you operate and provide details	e n	nore than one n an attachment. Do		·		
				Debtor		Spouse				
	a.	Gross receipts	\$	0.00						
	b.	Ordinary and necessary business expenses	\$	0.00	_		_ _	0.00	_	
	c.	Business income		btract Line b from			\$	0.00	\$	
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse									
	a.	Gross receipts	\$	0.00	\$					
	b.	Ordinary and necessary operating expenses	\$	0.00	\$	\$				
	c.	Rent and other real property income	Su	btract Line b from	Li	ne a	\$	0.00	\$	
6	Intere	est, dividends, and royalties.					\$	0.00	\$	
7	Pensi	on and retirement income.					\$	0.00	\$	
8	expen	amounts paid by another person or entity, on uses of the debtor or the debtor's dependent use. Do not include alimony or separate maint to e if Column B is completed.	s, iı	ncluding child sup	po	ort paid for that	\$	0.00	\$	
9	Howe benefit	ployment compensation. Enter the amount in ver, if you contend that unemployment competitudes the Social Security Act, do not list the but instead state the amount in the space below.	ensa e an	ation received by yo	ou	or your spouse was				
		nployment compensation claimed to benefit under the Social Security Act Debtor	* \$	0.00 Sp	ou	ise \$	\$	0.00	\$	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse									
	a.		\$	2 30101	\$		1			
	b.		\$		\$					
		and enter on Line 10					- \$	0.00	\$	
11	Subto	otal of Current Monthly Income for § 707(b)(7)	Add Lines 3 thru	10	O in Column A and			Ė	
11		nn B is completed, add Lines 3 through 10 in					\$	1,741.70	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,741.70			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	20,900.40			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: MI b. Enter debtor's household size: 1	\$	43,611.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 13.)					
	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2))				
16	Enter the amount from Line 12.	\$				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. \$					
	b.					
	d. \$					
		\$				
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$				
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME					
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19A	9A National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line					
	a1. Allowance per member a2. Allowance per member					
	b1. Number of members b2. Number of members					
		\$				
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$				

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your cour available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by your home, as stated in Line result in Line 20B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rental expense]		
	a. IRS Housing and Utilities Standards; mortgage/rental expenseb. Average Monthly Payment for any debts secured by your		
	home, if any, as stated in Line 42	\$	
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entire Standards, enter any additional amount to which you contend you are contention in the space below:	\$	
	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.		
22A	Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8. \square 0 \square 1 \square 2 or more.	ses or for which the operating expenses are	
	If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ of the control	\$	
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.gc court.)	\$	
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1	ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$	
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lint the result in Line 24. Do not enter an amount less than zero.		
	a. IRS Transportation Standards, Ownership Costs	\$	
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
25	Other Necessary Expenses: taxes. Enter the total average monthly extate and local taxes, other than real estate and sales taxes, such as inc security taxes, and Medicare taxes. Do not include real estate or sales	\$	
	Other Necessary Expenses: involuntary deductions for employmen		
26	deductions that are required for your employment, such as retirement ${f Do}$ not include discretionary amounts, such as voluntary ${f 401(k)}$ co	\$	

27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$		
	Subpart B: Additional Living Expense Deductions			
	Note: Do not include any expenses that you have listed in Lines 19-32			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
		\$		
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$	
40			Enter the amount that you will continuous Enter the Ente		the form of cash or	\$
41	Tota	l Additional Expense Deductio	ons under § 707(b). Enter the total of I	ines 34 through 40)	\$
			Subpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
		Name of Creditor	Property Securing the Debt	Average Month Payme	ly Does payment include taxes or insurance?	
	a.			\$	□yes □no	
				Total: Add Lin		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					
	Char chart					
45	a. b.	issued by the Executive Office information is available at we the bankruptcy court.)	Chapter 13 plan payment. istrict as determined under schedules ce for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of Chapter 13 case	x Total: Multiply I	ines a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$
	Subpart D: Total Deductions from Income					
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$

	•					
52	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
	☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "statement, and complete the verification in Part VIII. You may also complete Pa	The presumption arises" at the top out VII. Do not complete the remain	der of Part VI.			
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Con	nplete the remainder of Part VI (Lin	nes 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top			
	Part VII. ADDITIONAL EXPENSE	E CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated i you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses.	m your current monthly income und	ler §			
	Expense Description	Monthly Amou	ınt			
	a.	\$				
	b.	\$				
	c.	\$				
	d. Total: Add Lines a, b, c, and d	\$ \$				
	Part VIII. VERIFICATIO	N				
57	I declare under penalty of perjury that the information provided in this statement <i>must sign.</i>) Date: February 29, 2012 Signature	ris true and correct. (If this is a jointer: // If this is a jointer: // Jill Louise Weaver Jill Louise Weaver	nt case, both debtors			
		(Debtor)				